



Your business  
is our business.

REDACTED – FOR PUBLIC INSPECTION

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Greenbelt, Maryland 20770  
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October 9, 2013

**By Hand Delivery**

Marlene H. Dortch, Secretary  
Federal Communications Commission  
Office of the Secretary  
445 12<sup>th</sup> Street, SW  
Washington, DC 20554

**Re: WC Docket No. 10-90, WC Docket No. 11-42  
2013 ETC Annual Report of Home Telephone ILEC, LLC  
d/b/a Home Telecom  
Study Area Code 240527**

Dear Ms. Dortch:

On behalf of Home Telephone ILEC, LLC d/b/a Home Telecom “Home”, JSI files the attached confidential and redacted versions of the FCC Form 481 ETC annual reporting information pursuant to sections 54.313 and 54.422 of the Commission’s rules.<sup>1</sup> Home seeks confidential treatment under Protective Order for section 54.313(f)(2) financial information.<sup>2</sup> The redacted version is also being filed this date via the FCC’s Electronic Comment Filing System.

Please direct any questions regarding the filing to the undersigned.

Sincerely,

John Kuykendall  
JSI Vice President  
301-459-7590  
[jkuykendall@jsitel.com](mailto:jkuykendall@jsitel.com)

cc: Charles Tyler, Telecommunications Access Policy Division (two copies, confidential)

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<sup>1</sup> 47 C.F.R. §§ 54.313, 54.422.

<sup>2</sup> *Connect America Fund et al.*, WC Docket No. 10-90 *et al.*, Protective Order, DA 12-1857 rel. Nov. 16, 2012 (Protective Order). 47 C.F.R. § 54.313(f)(2).

<b>FCC Form 481 - Carrier Annual Reporting</b> <b>Data Collection Form</b>	<b>FCC Form 481</b> <b>OMB Control No. 3060-0986/OMB Control No. 3060-0819</b> <b>July 2013</b>
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<010> Study Area Code	240527
<015> Study Area Name	HOME TEL CO
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Denny Thompson
<035> Contact Telephone Number: Number of the person identified in data line <030>	843-761-9173
<039> Contact Email Address: Email of the person identified in data line <030>	denny.thompson@hometelco.com

ANNUAL REPORTING FOR ALL CARRIERS	54.313 Completion Required	54.422 Completion Required
<100> Service Quality Improvement Reporting <span style="float: right;">(complete attached worksheet)</span>	(check box when complete)	(check box when complete)
<200> Outage Reporting (voice) <span style="float: right;">(complete attached worksheet)</span>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report		
<300> Unfulfilled Service Requests (voice)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice) <span style="float: right;">(attach descriptive document)</span>	<input type="checkbox"/>	<input type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	<input type="checkbox"/>	<input type="checkbox"/>
<330> Detail on Attempts (broadband) <span style="float: right;">(attach descriptive document)</span>	<input type="checkbox"/>	<input type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed <span style="float: right;">0.0</span>		
<420> Mobile		
<430> Number of Complaints per 1,000 customers (broadband)	<input type="checkbox"/>	<input type="checkbox"/>
<440> Fixed		
<450> Mobile		
<500> Service Quality Standards & Consumer Protection Rules Compliance <span style="float: right;">(check to indicate certification)</span>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> 240527SC510 <span style="float: right;">(attached descriptive document)</span>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations <span style="float: right;">(check to indicate certification)</span>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> 240527SC610 <span style="float: right;">(attached descriptive document)</span>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice) <span style="float: right;">(complete attached worksheet)</span>	<input type="checkbox"/>	<input type="checkbox"/>
<710> Company Price Offerings (broadband) <span style="float: right;">(complete attached worksheet)</span>	<input type="checkbox"/>	<input type="checkbox"/>
<800> Operating Companies and Affiliates <span style="float: right;">(complete attached worksheet)</span>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <span style="float: right;">(if yes, complete attached worksheet)</span>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1000> Voice Services Rate Comparability <span style="float: right;">(check to indicate certification)</span>	<input type="checkbox"/>	<input type="checkbox"/>
<1010> <span style="float: right;">(attach descriptive document)</span>	<input type="checkbox"/>	<input type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)? <span style="float: right;">(if not, check to indicate certification)</span>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1110> <span style="float: right;">(complete attached worksheet)</span>	<input type="checkbox"/>	<input type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers <span style="float: right;">(complete attached worksheet)</span>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

**Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet**

<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**(100) Service Quality Improvement Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	240527
<015>	Study Area Name	HOME TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Denny Thompson
<035>	Contact Telephone Number - Number of person identified in data line <030>	843-761-9173
<039>	Contact Email Address - Email Address of person identified in data line <030>	denny.thompson@hometelco.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no ) <input type="radio"/> <input checked="" type="radio"/>
	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5	
<111>	year plan" filed with the FCC?	(yes / no ) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

\_\_\_\_\_  
Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

[illegible]



FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

[illegible]

## Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	denny.thompson@hometelco.com
<810>	Reporting Carrier	Home Telephone ILEC, LLC d/b/a Home Telecom
<811>	Holding Company	Rock Hill Telephone Company d/b/a Comporium
<812>	Operating Company	Home Telephone ILEC, LLC d/b/a Home Telecom

[illegible]

<b>(900) Tribal Lands Reporting Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	240527
<015>	Study Area Name	HOME TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Denny Thompson
<035>	Contact Telephone Number - Number of person identified in data line <030>	843-761-9173
<039>	Contact Email Address - Email Address of person identified in data line <030>	denny.thompson@hometelco.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes,No, NA)



**(1100) No Terrestrial Backhaul Reporting  
Data Collection Form**

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July 2013

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<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) ☐

<b>(1200) Terms and Condition for Lifeline Customers</b> <b>Lifeline</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	240527
<015>	Study Area Name	HOME TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Denny Thompson
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<039>	Contact Email Address - Email Address of person identified in data line <030>	denny.thompson@hometelco.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans	240527SC1210 <hr/> Name of attached document (.pdf)
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<1220> Link to Public Website	HTTP <hr/>
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“Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	<input checked="" type="checkbox"/>
<1222> Details on the number of minutes provided as part of the plan,	<input checked="" type="checkbox"/>
<1223> Additional charges for toll calls, and rates for each such plan.	<input checked="" type="checkbox"/>

**(2000) Price Cap Carrier Additional Documentation**

**Data Collection Form**

*Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	denny.thompson@hometelco.com

**CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.**

**Incremental Connect America Phase I reporting**

- <2010> 2nd Year Certification {47 CFR § 54.313(b)(1)}
- <2011> 3rd Year Certification {47 CFR § 54.313(b)(2)}


**Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}**

- <2012> 2013 Frozen Support Certification
- <2013> 2014 Frozen Support Certification
- <2014> 2015 Frozen Support Certification
- <2015> 2016 and future Frozen Support Certification


**Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}**

- <2016> Certification Support Used to Build Broadband

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**Connect America Phase II Reporting {47 CFR § 54.313(e)}**

- <2017> 3rd year Broadband Service Certification
- <2018> 5th year Broadband Service Certification
- <2019> Interim Progress Certification
- <2020> Please check the box to confirm that the attached PDF , on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.
- <2021> Interim Progress Community Anchor Institutions


Name of Attached Document Listing Required Information

\_\_\_\_\_

**(3000) Rate Of Return Carrier Additional Documentation**

FCC Form 481

**Data Collection Form**

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	240527
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**CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.**

**Progress Report on 5 Year Plan**

<p>(3010) Milestone Certification {47 CFR § 54.313(f)(1)(i)} Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.</p>	<p>Name of Attached Document Listing Required Information</p>	<input type="checkbox"/>
<p>(3012) Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)} (3013) Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)} (3014) If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: (3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) (3016) PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p>	<p>Name of Attached Document Listing Required Information</p>	<input checked="" type="checkbox"/> (Yes/No) <input type="checkbox"/> (Yes/No)
<p>(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation (3018) If the response is no on line 3014, Is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: (3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications (3020) PDF of Balance Sheet, Income Statement and Statement of Cash Flows (3021) Management letter issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: (3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, (3023) Underlying information subjected to a review by an independent certified public accountant (3024) Underlying information subjected to an officer certification. (3025) PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p>	<p>Name of Attached Document Listing Required Information</p>	<input checked="" type="checkbox"/> (Yes/No)  <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>(3026) Attach the worksheet listing required information</p>	<p>Name of Attached Document Listing Required Information</p>	<p>240527SC3026</p>

<b>Certification - Reporting Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	240527
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<039>	Contact Email Address - Email Address of person identified in data line <030>	denny.thompson@hometelco.com

**TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:**

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

<b>Certification - Agent / Carrier</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	240527
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<030>	Contact Name - Person USAC should contact regarding this data	Denny Thompson
<035>	Contact Telephone Number - Number of person identified in data line <030>	843-761-9173
<039>	Contact Email Address - Email Address of person identified in data line <030>	denny.thompson@hometelco.com

**TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:**

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>John Staurulakis, Inc.</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	John Staurulakis, Inc.
Name of Reporting Carrier:	HOME TEL CO
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 10/08/2013
Printed name of Authorized Officer:	Denny Thompson
Title or position of Authorized Officer:	Director
Telephone number of Authorized Officer:	843-761-9173
Study Area Code of Reporting Carrier:	240527 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**TO BE COMPLETED BY THE AUTHORIZED AGENT:**

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	HOME TEL CO
Name of Authorized Agent or Employee of Agent:	John Staurulakis, Inc.
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 10/08/2013
Printed name of Authorized Agent or Employee of Agent:	Mark A. Ozanick
Title or position of Authorized Agent or Employee of Agent:	Staff Consultant
Telephone number of Authorized Agent or Employee of Agent:	770-569-2105
Study Area Code of Reporting Carrier:	240527 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

## Attachments

In establishing this certification in its *2005 ETC Order*,<sup>1</sup> the FCC found that an ETC must make “a specific commitment to objective measures to protect consumers.”<sup>2</sup> The FCC found that for wireless ETCs, compliance with CTIA’s Consumer Code for Wireless Service would satisfy this requirement and that the sufficiency of other commitments would be considered on a case-by-case basis.<sup>3</sup> In this context, the FCC stated, “to the extent a wireline or wireless ETC applicant is subject to consumer protection obligations under state law, compliance with such laws may meet our requirement.”<sup>4</sup>

Home Telephone ILEC, LLC d/b/a Home Telecom (“Home”) is subject to consumer protection obligations under both federal and South Carolina state law. These obligations include, but are not limited to, the following: (1) filing a Local Exchange Tariff pursuant to the requirements of the Public Service Commission of South Carolina which disclose rates, and terms and conditions of service to customers (Section 103-612.2.1 of the South Carolina Code of Regulations); (2) adherence to state consumer protection requirements governing telephone providers which govern Standards and Quality of Service (Sections 103-661, 103-662, and 103-663 of the South Carolina Code of Regulations); Customer Relations, including billing, deposits, discontinuance and termination of service (Sections 103-620 through 103-633 of the South Carolina Code of

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<sup>1</sup> *Federal-State Joint Board on Universal Service*, CC Docket No. 96-45, Report and Order, FCC 05-46 (rel. Mar. 17, 2005) (“*2005 ETC Order*”).

<sup>2</sup> *Id.* at para. 28.

<sup>3</sup> *Id.* The FCC noted that under the CTIA Consumer Code, wireless carriers agree to: “(1) disclose rates and terms of service to customers; (2) make available maps showing where service is generally available; (3) provide contract terms to customers and confirm changes in service; (4) allow a trial period for new service; (5) provide specific disclosures in advertising; (6) separately identify carrier charges from taxes on billing statements; (7) provide customers the right to terminate service for changes to contract terms; (8) provide ready access to customer service; (9) promptly respond to consumer inquiries and complaints received from government agencies; and (10) abide by policies for protection of consumer privacy.” *Id.* at n. 71.

<sup>4</sup> *Id.* at n. 72.



Regulations); Engineering and Safety Standards (Sections 103-640 through 103-646 and 103-670 through 103-672 of the South Carolina Code of Regulations); Inspections and Tests (Sections 103-650 through 103-653 of the South Carolina Code of Regulations); Records and Reports (Sections 103-610 through 103-619 of the South Carolina Code of Regulations) and Customer Complaints (Section 103-628 of the South Carolina Code of Regulations); (3) truth-in-billing requirements (Section 103-622.1 of the South Carolina Code of Regulations); and (4) CPNI, Red Flag Rules and other applicable federal and state requirements governing the protection of customers' privacy.

Home Telephone ILEC, LLC d/b/a Home Telecom (“Home”) hereby certifies that it is able to function in emergency situations as set forth in 47 C.F.R. § 54.202(a)(2)<sup>1</sup> and Section 103-646 of the South Carolina Code of Regulations. Home’s network is designed to remain functional in emergency situations without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations as required by Section 54.202(a)(2) and Section 103-646 of the South Carolina Code of Regulations. Home can change call routing translations as needed to reroute traffic around damaged facilities. Changing call routing translations will also allow Home to manage traffic spikes throughout its network, as emergency situations require.

Specifically, each central office building is supplied with standby generators and battery back-up that enable the central office to keep running until power is restored so long as fuel is available, or until system changes are made to reroute traffic. Home has battery backup at all office locations and in its electronic equipment sites. Length of run time is determined by the equipment serving the area and the number of customers working out of the equipment. Generators are installed at all Central Office locations. They will continue to run as long as Home has access to fuel.

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<sup>1</sup> Section 54.202(a)(2) requires ETCs that are designated by the Commission to “demonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations.”

<b>(800) Operating Companies</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<810>	Reporting Carrier	Home Telephone ILEC, LLC d/b/a Home Telecom
<811>	Holding Company	Rock Hill Telephone Company d/b/a Comporium
<812>	Operating Company	Home Telephone ILEC, LLC d/b/a Home Telecom

[illegible]

**HOME TELEPHONE ILEC, LLC D/B/A HOME TELECOM  
GENERAL SUBSCRIBER SERVICES TARIFF  
SOUTH CAROLINA**

**SECTION 6  
2nd REVISED SHEET NO. 4  
CANCELS 1st REVISED SHEET NO. 4**

**LOCAL EXCHANGE SERVICE**

**6.2 LIFELINE PROGRAM**

**6.2.1 General**

- A. Lifeline Assistance is a non-transferable retail service offering for which qualifying low-income subscribers pay reduced charges, as provided for below. Lifeline Assistance enables eligible subscribers to pay reduced charges for voice telephony service that includes the following services: voice-grade access to the public switched network; local usage; access to emergency services; and toll limitation.
- B. The Lifeline credit available to an eligible customer in South Carolina is equal to the total of federal support as established by the Federal Communications Commission and state support as established by the Public Service Commission of South Carolina. The amount of credit will not exceed the charge for local service, which includes the access line, the Subscriber Line Charge and local usage.
- C. The Company shall apply the baseline payments received by the administrator of the federal Lifeline Assistance program to waive the qualifying customer's federal End-User Common Line Charge. The Company shall apply any additional federal support amount to the qualifying customer's basic local exchange service rate.
- D. The Lifeline Program reduction to voice telephony service shall apply only to residential service. Qualifying customers must subscribe to a generally available residential service plan or package that includes voice telephony service that is made available in the Company's service area.
- E. Partial payments that are received from Lifeline customers shall first be applied to voice telephony charges and then to any outstanding charges for additional services.
- F. Nothing in this Section shall prohibit a customer who is otherwise eligible for the Lifeline Program from obtaining and using telecommunications equipment and services designed to aid such customer in utilizing qualifying telecommunications services.
- G. The Lifeline Program rate reduction does not apply to Service Connection Charges.
- H. The Lifeline Program rate will not be available on a retroactive basis.

(C)

(C)

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**HOME TELEPHONE ILEC, LLC D/B/A HOME TELECOM  
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**LOCAL EXCHANGE SERVICE**

**6.2 LIFELINE PROGRAM (Cont'd)**

**6.2.2 Eligibility and Certification Requirements**

- A. Subscribers are eligible for Lifeline Assistance if:
1. The subscriber's household income is at or below 135 percent of the Federal Poverty Guidelines, or
  2. The subscriber, or one or more of the subscriber's dependents or the subscriber's household, receives benefits from at least one of the following qualifying programs:  
  
Medicaid;  
Supplemental Nutrition Assistance Program (SNAP), formerly known as Food Stamps;  
Supplemental Security Income (SSI);  
Federal Public Housing Assistance;  
Low-Income Home Energy Assistance Program (LIHEAP);  
National School Lunch Program's free lunch program;  
Temporary Assistance for Needy Families (TANF).
  3. Other eligibility requirements may be established by the Commission.
- B. Each subscriber to Lifeline Assistance must provide documentation of income-based or program-based eligibility and certify in writing to the Company, under penalty of perjury, that s/he receives benefits under a program outlined in paragraph A. above, and must on that same document, agree to notify the Company if s/he ceases to participate in the program(s) or to meet income eligibility requirements. The certification form shall conform to the requirements described herein, and shall be made available upon request to any subscriber. The Company shall retain all such subscriber certifications in order to furnish proof of subscriber eligibility as may be required from time to time by Universal Service administrators.
- C. A subscriber may elect at the time of subscription to Lifeline Assistance to receive toll limitation as part of Lifeline Assistance. "Toll limitation" is a service that allows a subscriber to elect not to allow the completion of outgoing toll calls from the subscriber's residence.

(C)

(C)

**HOME TELEPHONE ILEC, LLC D/B/A HOME TELECOM  
GENERAL SUBSCRIBER SERVICES TARIFF  
SOUTH CAROLINA**

**SECTION 6  
2nd REVISED SHEET NO. 6  
CANCELS 1st REVISED SHEET NO. 6**

**LOCAL EXCHANGE SERVICE**

**6.2 LIFELINE PROGRAM (Cont'd)**

(D)

(D)

**6.2.3 Restrictions**

(N)

- A. Only one Lifeline Assistance credit is available per household.

**6.2.4 Recertification**

- A. Customers must recertify on an annual basis that they continue to qualify for the discounted service.

(N)

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**HOME TELEPHONE ILEC, LLC D/B/A HOME TELECOM  
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SOUTH CAROLINA**

**SECTION 6  
3rd REVISED SHEET NO. 7  
CANCELS 2nd REVISED SHEET NO. 7**

**LOCAL EXCHANGE SERVICE**

**6.2 LIFELINE PROGRAM (Cont'd)**

**6.2.5 Credit and Collection**

**A. Credit References**

The credit verification procedures used for all applicants who apply for service with the Company will also be used for applicants who apply for service under the Lifeline Program.

**B. Deposits**

The Company may not collect a service deposit in order to initiate Lifeline Assistance if the qualifying low-income subscriber voluntarily elects toll blocking from the Company, where available or if the qualifying low-income subscriber elects a calling plan that does not distinguish between toll and non-toll calls in its pricing. If toll blocking is unavailable, then the Company may charge a service deposit.

**6.2.6 Service Connection Charges**

**A.** Secondary Service charges do not apply to eligible customers with existing residential access line service when they convert to the Lifeline Program.

**B.** Service Connection Charges will apply when:

1. Existing eligible residential Local Exchange Service customers also convert to a different grade of eligible residential service and/or Optional Calling Services at the time the Lifeline Program billing is initiated.
2. A customer receiving Lifeline Program billing voluntarily elects to convert to telephone service arrangements which preclude Lifeline Program eligibility.
3. New residential applicants (those without existing Local Exchange Service) eligible for the Lifeline Program will be subject to applicable Service Connection Charges.

**C.** Any subsequent moves or changes after the initial connection to the Lifeline Program will be subject to the applicable Service Charges as outlined in Section 18 of this Tariff.

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**HOME TELEPHONE COMPANY, INC.  
GENERAL SUBSCRIBER SERVICES TARIFF  
SOUTH CAROLINA**

**SECTION 6  
ORIGINAL SHEET NO. 2**

**LOCAL EXCHANGE SERVICE**

**6.1 APPLICATION OF RATES, CHARGES AND REGULATIONS**

**6.1.1 Local Flat Rate Service**

- A. Local exchange access service rates and charges as specified in this tariff are for only local exchange service and facilities of the Company within the Company's exchange service area as approved by the Commission.
- B. The furnishing of communications services by the Company is also subject to the rates, charges, rules and regulations of this General Subscriber Services Tariff as it now exists or as it may be revised, added to, or supplemented by superseding issues, and these rates are hereby made a part of these local exchange service tariffs.
- C. This tariff cancels and supersedes all other local exchange service tariffs issued and effective prior to the effective date of these tariffs.
- D. Unless otherwise specified, the rates and charges listed in this tariff are payable for a period of one month, in advance, and entitle the customer to unlimited, flat rate calling.
- E. The Home Telephone Company, Inc. offers single party residence and business service throughout its service area.
- F. Rates and Charges for this service and other miscellaneous services can be found in Section 18 of this Tariff.

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**HOME TELEPHONE COMPANY, INC.  
GENERAL SUBSCRIBER SERVICES TARIFF  
SOUTH CAROLINA**

**SECTION 6  
ORIGINAL SHEET NO. 3**

**LOCAL EXCHANGE SERVICE**

**6.1 APPLICATION OF RATES, CHARGES AND REGULATIONS (Cont'd)**

**6.1.2 Local Calling Areas**

The local exchange rates authorized by the South Carolina Public Service Commission, listed in Section 18.3, entitle subscribers to access all exchange access lines: (1) bearing the central office designations of the subscriber's exchange, (2) the central office designation(s) of additional exchanges or central offices as follows:

Exchange/NXX

Exchanges in Local Calling Area

Moncks Corner  
(482, 719, 761, 899)

Cross (753)  
Huger (336)  
Jamestown (257)  
Lebanon (688)  
Macedonia (565)

Harleyville  
462

The following exchanges in Berkeley County have free dialing Expanded Area Service (EAS) with each other: Moncks Corner, Huger, Jamestown, Lebanon, Macedonia, and Cross.

The Harleyville Exchange located in Dorchester County has free dialing Expanded Area Service (EAS) with St. George, a BellSouth Exchange

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**HOME TELEPHONE ILEC, LLC D/B/A/ HOME TELECOM  
GENERAL SUBSCRIBER SERVICES TARIFF  
SOUTH CAROLINA**

**SECTION 18  
2nd REVISED SHEET NO. 6  
CANCELS 1st REVISED SHEET NO. 6**

**RATES AND CHARGES**

**18.2 SERVICE CHARGES (Cont'd)**

**18.2.7 Returned Check Charge**

Per Occasion

The returned check charge will be equal to, or less than, the rate allowed by S.C. Code Ann. § 34-11-70 (Supp. 1998).

**18.2.8 Late Payment Charge**

The Company may establish a Late Payment Charge as it deems appropriate subject to the maximum amounts and the exceptions contained in South Carolina Public Service Commission Reg. 103-622.2.

**18.3 LOCAL EXCHANGE SERVICE CHARGES**

The following charges are assessed for the services listed in Section 6 of this tariff.

**18.3.1 Flat Rate Service**

A.	Moncks Corner Exchange Monthly Rate	<u>Residence</u>		<u>Business</u>
	Individual Line, Per Line	\$15.62	(I)	\$28.70
	PBX Trunk, Per Trunk			\$42.50
	Key System, Per Line			\$28.70
	Public Telephone Access Service			\$28.70
B.	Harleyville Exchange	<u>Residence</u>		<u>Business</u>
	Individual Line, Per Line	\$15.62	(I)	\$28.70
	PBX Trunk, Per Trunk			\$33.75
	Key System, Per Line			\$28.70
	Public Telephone Access Service			\$28.70

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**HOME TELEPHONE ILEC, LLC D/B/A HOME TELECOM**  
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**HOME TELEPHONE COMPANY, INC.  
GENERAL SUBSCRIBER SERVICES TARIFF  
SOUTH CAROLINA**

**SECTION 18  
ORIGINAL SHEET NO. 7**

**RATES AND CHARGES**

**18.3 LOCAL EXCHANGE SERVICE CHARGES (Cont'd)**

**18.3.2 Verification and Emergency Interrupt Service**

	<u>Rate</u>
A. Verification Request	
1. Each Request.....	\$6.45
B. Emergency Interrupt Request	
1. Each Request.....	\$6.45

A charge for a Verification  
Request also applies.

**18.3.3 Local Directory Assistance**

Directory Assistance Within Exchanges Served by the Company

	<u>Rate</u>
<u>Residence</u>	
Per Call, after allowance of three (3) free calls	\$1.25
<u>Business</u>	
Per Call, after allowance of three (3) free calls	\$1.25

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**HOME TELEPHONE COMPANY, INC.  
GENERAL SUBSCRIBER SERVICES TARIFF  
SOUTH CAROLINA**

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**SECTION 18  
ORIGINAL SHEET NO. 8**

**RATES AND CHARGES**

**18.3 LOCAL EXCHANGE SERVICE CHARGES (Cont'd)**

**18.3.4 Touch Calling Service (Pushbutton Dialing)**

Business (per line) \$ 0.00

Residence (per line) \$ 0.00

**18.3.5 Employee Telephone Service**

All fulltime active employees of the Company will be furnished local service at no charge.

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**HOME TELEPHONE COMPANY, INC.  
GENERAL SUBSCRIBER SERVICES TARIFF  
SOUTH CAROLINA**

**SECTION 18  
ORIGINAL SHEET NO. 9**

**RATES AND CHARGES**

**18.3 LOCAL EXCHANGE SERVICE CHARGES (Cont'd)**

**18.3.6 Home Local Calling Service**

**A. Seven-Digit Dial Option**

Residential or Business customers not electing any of the options listed below, but electing to complete IntraLATA calls through this service by placing a seven-digit dialed call will not incur any additional monthly service charge. The caller will be subject to a usage charge as follows:

<u>Area Called</u>	<u>Rate Per Minute or Fraction thereof</u>
Expanded Local Service Area	\$0.05

**B. Measured Rate Option**

- All customers may select the following option. For those customers choosing this option, the monthly rates as follows will apply to the customer's account in addition to the appropriate Exchange Access Line Rate specified in Section 18.3.1 preceding.

<u>Monthly Rate</u>	<u>Residence</u>	<u>Business</u>
Individual Line, Per Line	\$0.50	\$3.00
PBX Trunk, Per Trunk		\$3.00
Key System, Per Line		\$3.00

**2. Usage Charges**

The following charges apply for customer dialed and operator handled local calls for Home Local Calling Measure Rate Option subscribers:

<u>Area Called</u>	<u>Rate Per Minute or Fraction thereof</u>
Expanded Local Service Area	\$0.035

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**HOME TELEPHONE COMPANY, INC.  
GENERAL SUBSCRIBER SERVICES TARIFF  
SOUTH CAROLINA**

**SECTION 18  
ORIGINAL SHEET NO. 10**

**RATES AND CHARGES**

**18.3 LOCAL EXCHANGE SERVICE CHARGES (Cont'd)**

**18.3.6 Home Local Calling Service (Cont'd)**

C. Flat Rate Option

1. Residential customers may select the following option. For those customers choosing this option, the monthly rates as follows will apply to the customer's account in addition to the appropriate Exchange Access Line Rate specified in Section 18.3.1 preceding. The Flat Rate Option is not available in the Midlands Calling Zone (Harleyville Exchange).

Monthly Rate

Individual Residential Line, Per Line	\$14.60
---------------------------------------	---------

2. Usage Charges

The following charges apply for customer dialed and operator handled local calls for residential Home Local Calling Flat Rate Option subscribers:

<u>Area Called</u>	<u>Rate Per Minute or Fraction thereof</u>
Tri-County Expanded Local Service Area	\$0.00
Coastal Calling Zones outside Tri-County Area	\$0.045

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**HOME TELEPHONE COMPANY, INC.  
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SOUTH CAROLINA**

**SECTION 18  
ORIGINAL SHEET NO. 11**

**RATES AND CHARGES**

**18.3 LOCAL EXCHANGE SERVICE CHARGES (Cont'd)**

**18.3.6 Home Local Calling Service (Cont'd)**

**D. Home Local Calling Service Business Options**

A Business subscriber may choose one of the following options to further reduce expanded local service area usage charges. The monthly rate for the following options applies to the customers account in addition the appropriate Exchange Access Line Rate and the rate specified in Section 18.3.1 preceding. These options are available to Business Customers only.

**1. Measured Rate Option B**

Monthly Rate

Per Business Line, Key Line, or PBX Trunk	\$10.00
Usage Charge	\$ 0.067

**2. Measured Rate Option C**

Monthly Rate

Per Business Line, Key Line, or PBX Trunk	\$22.00
Usage Charge	\$ 0.045

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**HOME TELEPHONE COMPANY, INC.  
GENERAL SUBSCRIBER SERVICES TARIFF  
SOUTH CAROLINA**

**SECTION 18  
1st REVISED SHEET NO. 12  
CANCELS ORIGINAL SHEET NO. 12**

**RATES AND CHARGES**

**18.3 LOCAL EXCHANGE SERVICE CHARGES (Cont'd)**

**18.3.6 Home Local Calling Service (Cont'd)**

**D. Home Local Calling Service Business Options (Cont'd)**

**3. Capped Options**

Capped options are available to business customers. These packages provide a package of minutes at a specified monthly fee. Minutes in excess of that included with the plan may be purchased as specified with each capped plan. Call detail is not included with this plan but may be purchased at the rate detailed below.

	<u>Minutes Included</u>	<u>Additional Monthly Charge</u>	<u>Rate Per Minute In Excess of Included Minutes</u>	
Capped Option A	125 Minutes	\$ 5.00	\$0.05	
Capped Option B	325 Minutes	\$13.00	\$0.04	
Capped Option C	1,200 Minutes	\$24.00	\$0.03	(C)
Capped Option D	2,500 Minutes	\$50.00	\$0.02	(N)
Capped Option E	5,000 Minutes	\$75.00	\$0.02	(N)
Call Detail		\$2.00		

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**SECTION 18  
ORIGINAL SHEET NO. 13**

**RATES AND CHARGES**

**18.3 LOCAL EXCHANGE SERVICE CHARGES (Cont'd)**

**18.3.7 Network Access Register (NAR)**

	<u>Monthly Rate</u>
Per NAR	\$19.15

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**REDACTED – FOR PUBLIC INSPECTION**

**HOME TELEPHONE ILEC, LLC D/B/A HOME TELECOM (SAC 240527)**

**ATTACHMENT - LINE 3017**

**ATTACHMENT REDACTED IN ENTIRETY**